

Foster Family Home - Deficiency Report

Provider ID: 1-561276

Home Name: Imelda Bonilla, CNA

Review ID: 1-561276-18

94-1091 Hapalima Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/4/2026

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

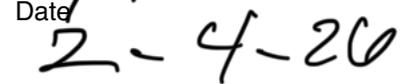
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date